This approved judgment was handed down by the Judge remotely by circulation to the parties' representatives by email. The date and time of hand-down is deemed to be 9.00 a.m. on 24 March 2023

The names of the children have been changed.

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This judgment is linked to Re S and T (care - final hearing – s91(14)) [2023] EWFC 194

IN THE FAMILY COURT AT OXFORD IN THE MATTER OF [SASHA] AND [TARA] AND IN THE MATTER OF s31 THE CHILDREN ACT 1989 AND IN THE MATTER OF THE INHERENT JURISDICTION OF THE HIGH COURT

Neutral Citation Number: [2023] EWFC 195

Judgment date: 24 March 2023

Before: HHJ Vincent sitting as a s9 Deputy High Court Judge

Between:

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD [RBWM]

Applicant

and

(1) A mother
(2) A father
(3) & (4) SASHA and TARA
(through their Children's Guardian NANDI SUTHERLAND)

Respondents

Simon Miller and Kate Ferguson for the Applicant local authority, instructed by the Reading Joint Legal Team
Jane Crowley KC and Glen Pritchard, instructed by M & B Solicitors for the Respondent mother
Andrew Lorie and Kara Cann, instructed by Reeds Solicitors for the Second Respondent father
Fiona Farquhar and Alice Darian, instructed by RWK Goodman, solicitors for the children

Hearing dates: 27-28 February, 1-13, 17 March 2023

JUDGMENT

Introduction

1. I am concerned with Sasha who is thirteen, and her sister Tara, who is nine.

2. Their parents separated in July 2014 having been together for six years. Sasha had just turned five, and Tara was six months old.

3. The father has struggled to maintain a consistent relationship with the children since then. He says this is because the mother has obstructed his relationship with the girls. She denies this and says that she has done all she can to promote his relationship with the girls, but the father has been inconsistent and unreliable, and not shown commitment to his children. There have been several sets of private law proceedings.

4. The mother and children moved to the Royal Borough of Windsor and Maidenhead (the local authority) in June 2021. The local authority made its application for public law orders on 15 December 2021. The application is founded on the local authority's concerns which can be summarised as allegations that: (i) the mother (the local authority says wrongly) believes the children are suffering from various conditions, largely related to their mental health, (ii) the mother is not able to work co-operatively with professionals to promote the children's welfare; (iii) she has failed to meet the children's needs for a relationship with their father; and (iv) she has failed to meet the children's educational needs.

5. The bundle contains nearly five thousand pages. It would be impossible to set out every matter of significance in this introduction. There follows a summary of some key events in the chronology.

6. In September 2014, after the parents' separation the mother made an allegation of sexual assault by the father. The police report notes that the mother said that the father initiated unwanted sexual contact when she came round to collect the girls. The father is noted as having accepted there was sexual contact, which he said was consensual, but the situation 'turned' when the mother saw a message from a dating site on his phone and became angry. The mother later gave a statement withdrawing her allegation.

7. There had been one previous report of domestic abuse in February 2013, during the relationship, when [the mother] called the police. The report is of 'domestic ABH – strangled for 15 seconds'. After investigation the police took no further action.

8. The mother made a further complaint to the police in December 2014 of verbal abuse directed towards her by the father at hand over of the children. She is reported as having made it clear that she did not wish to pursue a complaint, but wanted the father

to be 'told off' in retaliation for reporting her to social services. The police put this incident down as an argument and took no further action.

9. There is no evidence of the mother asserting during the relationship that the father ever harmed the children or posed any threat to them.

10. On 23 February 2015 a child and family assessment was completed by the London Borough of [Y] children's services. This was informed by a referral from the police after the allegation of sexual assault had been made in 2014, and which was maintained by the mother in the assessment. Both the father and Sasha's primary school had raised concerns about the mother's care of the children and their presentation. Sasha had expressed a wish to see her father, that her mother did not want her to go, and she was confused as to why this did not seem to be possible. However, at the end of the assessment it says that Sasha aged five does not want to have any contact with her father and her views should be respected. The reason the mother gave for the separation was that [the father] was already married when they met and had promised to divorce his wife but after five years together, he had not done so. Both [the mother] and [the father] alleged that the other had been unfaithful in the relationship.

11. Sometime in 2015 the mother and children moved to [London Borough of X]. The father says she did not leave a forwarding address, and he only found out about the move when he went to collect Sasha from school and was told she was no longer on the school roll. When Sasha started at [M] infant school in [London Borough of X] in September 2015 the father was still not aware of the children's location.

12. The father did subsequently find out where the mother and children were living and applied to the Family Court for child arrangements orders in February 2016.

13. On 1 March 2016 the mother reported to the police that the relationship had ended when she had fled domestic violence. She alleged that the day before, on 29 February 2016 the father had gone to her address, verbally abused her and swung his right arm towards her at around chest height causing her to fear for her personal safety and for the child that she was carrying.

14. Also on 1 March, the mother made a referral to CAMHS alleging that Sasha had witnessed domestic abuse, that their father did not have access to the children, that Sasha did not like herself, and wanted to jump through the window.

15. A few days after that she applied to the Court for a non-molestation order.

16. The mother also made a report to social services that she and the girls had fled domestic violence and that she already had a Court order to protect her from the father.

17. The police investigated her complaint, spoke to the father and obtained CCTV evidence that confirmed he was not in the area at all at the date and time the mother alleged him to have been. No further action was taken.

18. The mother's application for a non-molestation order was rejected.

19. Following a contested hearing in the Family Court in 2016, none of the mother's allegations of domestic abuse was proved. The alleged incidents were between 2009 and 2016, including the alleged sexual assault of September 2014, the 'events of 29 February 2016' and a generalised allegation of controlling behaviour. The Court proceeds on the basis that they did not happen. That is not the same as a finding that the allegations were fabricated.

20. In June 2017 Sasha started at [J] school in [London Borough of X], with Tara starting in September 2017.

21. In July 2017 HHJ Downey made a final order in the private law proceedings by consent. The order provided for the children to live with their mother and to see their father on alternate weekends and for half of all school holidays.

22. In 2018 [the mother] applied to the Family Court seeking to change the child arrangements order and for an order preventing the children being removed from her care and control. She alleged ongoing difficulties with co-parenting which she said was causing emotional harm to the children.

23. I have not seen the final order in respect of this application, but understand the outcome was that the July 2017 order was left in place.

24. In October 2018 both girls' attendance at school dipped, and in particular they were often absent on Fridays which was the day they were due to be picked up by their father. Their mother reported that they were highly anxious on those days, and their anxiety was related to the prospect of seeing their father. Their father says this was part of a pattern of the mother obstructing contact and thereby interfering with his relationship with the girls.

25. The school made a referral to the local authority (London Borough of Z), which commenced a Child and Family Assessment.

26. The local authority's assessment at this time was that the significant issue for the girls was the dispute between their parents. The author of the report encouraged the parents to engage in mediation and to try to avoid exposing the girls to emotional harm as a consequence of their acrimonious relationship. In November 2018 the local authority closed its file.

27. In December 2018 Sasha received a diagnosis of Autism Spectrum Disorder. The records describe this as 'borderline' and [the mother] was given advice about support for Sasha who was then discharged from the child development centre (CDC).

28. Throughout 2019 and 2020 the relationship between the mother, [J] school, and other agencies became increasingly difficult. She was trying to get financial support as Sasha's carer, following the diagnosis of Autism Spectrum Disorder, but the claim was rejected. There was another referral for Sasha to [London Borough of Z] CAMHS in June 2019. It was not felt that Sasha had a diagnosis of an underlying mental health disorder and, contrary to mother's view, it was not felt that antidepressant medication should be prescribed. This was after two separate clinicians had carried out two separate assessments. At mother's request, Sasha was referred for a second opinion from another CAMHS service (Q CAMHS).

29. On 11 October 2019 the housing service made a referral to children's services. The mother had requested locks to be fitted to the children's doors as Sasha was said to be attacking Tara and the mother wished to lock Sasha, aged ten at the time, in her room. The request was refused, and the referral made to children's services.

30. In March 2020 the consultant psychiatrist at [Q] CAMHS assessed Sasha and agreed with the previous assessment, that medication was not indicated.

31. In March 2020 there was the national lockdown, the mother was at home with the girls. The services she was trying to contact were under pressure and generally only making virtual contact. [The mother] said she was trying both with the school and other agencies to get the help and support she needed to manage Sasha's increasingly complex needs, but also Tara's needs as the sibling of a child with special needs who demanded a lot of her mother's attention.

32. On 4 September 2020 Sasha moved up to [K school], [London Borough of X], in year 7. She was only there until 13 October 2020, at which point her mother took her out of school and elected to home educate her.

33. Tara remained on roll at [J] primary school.

34. In September 2020 the father made an application for enforcement of the July 2017 order. He alleged that the mother did not adhere to the contact arrangements. He said that she had not enabled the children to spend half the holidays with him and in the end she had agreed to the girls spending a week with him at the end of August, but at the end of the week had entered his property without his knowledge and removed the girls. The mother is recorded as telling the judge at the first hearing, that the children did not wish to see their father, and that he was 'not a proper father to them'. She did not make any allegations that they would be unsafe or otherwise at risk in his care.

35. In September 2020 CAMHS closed its case to Sasha, but in the weeks and months that followed, the mother challenged that decision and sought a further consultation, highlighting that Sasha's condition was worsening, seeking a course of prescribed medication for her, and suggesting that she should have EMDR therapy *'to talk about her painful memories'*.

36. In December 2020 [the mother]'s appeal on behalf of Sasha to the Special Educational Needs (SEN) Tribunal was dismissed. It was noted that Sasha did not have any diagnosed learning disabilities, that her mental health needs were, *'evidenced when Sasha was at home, and [the mother] provided evidence of Sasha reporting significant levels of distress while at school; but these needs are not evident to an outside observer in the school setting'*. The school was held to be able to meet all Sasha's needs.

37. In December 2020, after a re-referral and review with a third set of consultants at CAMHS, Sasha was prescribed medication for anxiety (Sertraline). She needed blood tests before she could start the course.

38. On 29 January 2021 the phlebotomist made a referral to the local authority following the appointment at which she described the mother's attitude to Sasha as, '*not nice in the manner she spoke to [Sasha]':*

'Very intimidating. Could hear the mother in waiting area before coming into consulting room talking to child in a nasty manner.
Mother stated she has been battling for 5 years to get child blood tests, even writing to Boris Johnson.
Child was nervous about needle going into arm, whilst I was trying to reassure the child the mother was threatening to send the child's dogs somewhere else to live.
Then went on to tell me the dogs were getting married and she needed to choose a wedding dress for the dogs.
When child was distraught the mother said to her, Would you like me to tell you that I love you, the child said NO, then mother then went on to sarcastically tell the child I love you, to which the child shouted back, I hate you.
It is a cold wet day and child was dressed in shorts and a wet hoodie.
There may be nothing to worry about but I just felt it my duty to let you know it was very uncomfortable and heart breaking to see how the mother was towards her daughter.'

39. On 19 February 2021 the mother requested that children's services would pay for Sasha to *'have a break from the parent for a few days in a row and the parent and the other child in the house to have a break from said child?'* She said she was at her wits' end, and suggested this could happen for two days and one night to begin with, on a weekly basis.

40. The mother emailed the general practitioner on 27 February 2021 reporting a difficult weekend when the girls had been with their father. She reported that Sasha had been severely stressed, contacting her constantly and begging her to get her home. The mother sought for Sasha's medical notes to be updated to reflect this history.

41. On 2 May 2021 the mother rang the NSPCC stating that Sasha had asked to be placed in the care of the local authority. A referral was made to police and social services. Police attended and spoke with both Sasha and her mother. They were concerned for mother's presentation. The report of Sasha's conversation with the police officer who spoke to her records the following:

'I asked her about the call to NSPCC today, her mum had said upon arrival 'she said she doesn't want to live here so I called NSPCC and told her to tell them she doesn't want to be here.' I asked daughter about this and she said, 'last night I was in bed asleep and she kept turning the light on and then she woke me up and we watched a movie and I don't know why she got angry but she started pulling my hair hard and it hurt, then she went to bed.' She doesn't know why mother did this or given an answer to why this happened.'

42. At CAMHS review on 7 May 2021 the mother suggested that Sasha should be admitted to a specialist in-patient unit for assessment and intensive treatment.

43. On the same date KH (author of the section 7 report within the private law proceedings started by [the father]'s application in September 2020) suggested that the local authority should be directed to prepare a section 37 report. [KH] had already made an urgent referral to the [London Borough of Z] for them to carry out a section 47 investigation into both girls' welfare, and to consider whether there should be local authority involvement of some sort. [KH]'s concerns were about the children's experience of parental conflict, the mother's mental health, Sasha's mental health, concerns about whether her mother was able to meet her educational needs through home schooling in the light of her diagnosis for autism spectrum disorder, Tara's school attendance, and the broader question of both girls' emotional, physical and mental needs.

44. [KH] was concerned for [the mother]'s mental health at that time:

'During the three telephone calls I have had with [the mother], I have been concerned about her presentation. During calls her speech has been pressured and meandering. Throughout, she has been extremely fixated on what she sees as institutional failings to address her and her children's needs. Whilst I was able to understand what she said, she did not answer my questions or speak coherently. Since our interview on 27/04/2021, [the mother] has forwarded me over 50 emails and called / texted repeatedly and at unsociable hours, which I found to be excessive and

unusual. The emails she has sent have been rambling and bizarre in content and have almost entirely related to perceived institutional failings, [the father]'s alleged (non-specific) abusive behaviour, and her views about the children's mental health needs. Over the weekend of 01/05/2021 to 03/05/2021, [the mother] began sending emails to numerous agencies / professionals which I was cc'd into (including the Prime Minister, police, NSPCC, [London Borough of Z] MASH, CAMHS, NHS, Ofsted) which are similarly unusual. [The mother] also appeared to not recall previous conversations I have had with her when I have spoken to her later. [the mother]'s frenzied and apparently escalating behaviour led me to be very concerned her mental health, which led to me make a child protection referral on 04/05/2021.'

45. At that time the children were living between homes in [London Borough of X] and [RBWM] while awaiting the [RBWM] property to be ready. The mother and children moved permanently to [RBWM] in around June 2021. Sasha was still being home-educated, but Tara remained on the school roll at [J] until the end of term.

46. On 30 June 2021 the mother wrote to Sasha's general practitioner in [London Borough of X] to say that Sasha had started self-harming by picking her skin which was bruised, that she and Sasha had talked about this in detail, and that she (mother) saw this as a continuum of previous self-harm from a few months ago, when she reported that Sasha had been making herself sick.

47. On 8 July 2021 the mother made a report to the police that the father was constantly making malicious allegations about her to police, social services and other welfare agencies, that he had been doing so for seven years, and that there was a previous history of physical violence from which she fled seven years ago, and which had been reported to the police. The report says that the mother feels controlled by the father and feels forced to honour his plans and wishes, even though his daughters don't want to see him. She is reported to have said that she is worried the Court may be manipulated into deciding the girls should live with their father. The reporter notes that the mother was, *'quite erratic … rambling about different topics and avoiding my direct questions, sometimes she wasn't making a lot of sense and would often go off on tangents.'*

48. On 28 July 2021 a further police report of a conversation between mother and the police noted that father has issued an emergency application for a court hearing that will take place next week. The mother is reported to say during a ninety-minute conversation that the father has a lack of parenting skills, isn't emotionally available, and is an absent manipulative father, but she was not able to disclose any incidents or details of alleged abuse.

49. On 30 July 2021 the mother made a referral to CAMHS, reporting that Sasha had told her that the previous Thursday she took a handful of tablets to kill herself. The mother suggested again that Sasha required inpatient therapy.

50. In her statement in the private law proceedings dated 5 August 2021 the mother said that she had worked wholeheartedly to promote contact, but the father's hostility towards her and *'inability to let go of our relationship'* was impacting the way he parented the children. In particular, she said he was saying negative things about their mother, such that the girls had developed significant anxiety about going to see him. She was seeking orders from the Court that the children did not have to spend any time with their father.

51. Further to [KH]'s recommendation, the Court had ordered the local authority to prepare a section 37 report, and as the mother and children had by then moved permanently to RBWM, the report was carried out by the applicant local authority. The section 37 report dated 27 August 2021 did not identify any concerns with regards to the mother's ability to meet the children's needs. A query was made about the lack of routine in home schooling, and having regard to Sasha's diagnosis of autism, the recommendation was made that she returns to mainstream schooling, which could support her with a set routine, and for her to be supported by adults with expertise in education for children with additional needs. The main issue identified was around contact. Both parents were criticised for failing to understand the impact of the parental dispute between them on their children, but the problems were not felt significant enough to warrant intervention by the local authority other than assistance through its Early Help scheme.

52. On 8 September 2021 the mother responded to requests from the Early Help hub outlining the support she thought she and the girls could do with, to include a live out nanny, respite services over the weekend and holidays, a cleaner, life coach, play therapy in the house for Tara, support worker to liaise and advocate for the girls to school professionals, a counsellor within walking distance or in house for Sasha, and a support worker to assist mother with getting Sasha's EHCP process resolved.

53. On 6 September 2021 Tara started at [P school] in [RBWM].

54. At the same time Sasha started at [L school], in [RBWM].

55. In September 2021 the mother reported to Tara's general practitioner that Tara, now seven, was not engaging in school, had no friends, was depressed and was saying that she doesn't want to live. Her mother reported that Tara *'worried that her father will make him live with her'*, that she was *'fearing that the father will force her away from her family and into his care'*, and as a result, she needed special help.

56. On 21 September 2021 [the mother] emailed children's services saying that she and Sasha *'cannot cope living together any more ... she needs to be placed with her biological father'.*

57. During October 2021 a number of different professionals made referrals to children's services.

58. Following a home visit on 30 September 2021, HT, who works for the applicant's elective home education service, made a referral to MASH (Multi Agency Safeguarding Hub) on 1 October 2021. She reported that the mother had told her Sasha had tried to take her own life a few months ago by taking her mother's vitamin pills, but seemed unclear as to what help the mother had sought from Sasha's general practitioner. [HT] reported that the mother told her that Sasha needed to be both medicated and an in-patient in a facility that could provide her with education.

59. A worker from the Autism Group made a referral to MASH, following a virtual home visit on 5 October 2021. The mother is said to have reported she was *'at breaking point'*. A note in social services' records for that date suggests that [the mother] said that *'she wants daughter to be an inpatient for a month so she can have a rest and get on with her life.'*

60. On 11 October 2021, Sasha's school made a referral to children's services in respect of school attendance, and Sasha's social, emotional and mental health, concerns from school staff about the mother's ability to communicate with them about Sasha's needs, the mother was reporting that she was *'at crisis point'*.

61. On 15 October 2021 Sasha's school made a further referral. Her attendance at that point was 23.5%. [Ms A], the head teacher, raised a concern that the mother was either not trying to get her into the school or actively blocking her education. It was noted that by that stage Sasha had attended four primary schools, one secondary school, been home educated, and now put on roll at the current school. [Ms A] wrote:

'I have concerns that mum has moved the children, engaged for short period of time with different agencies, in an attempt to blindsight professionals and that Sasha and her younger sister are slipping through the net. Mum states that Sasha has a variety of medical conditions (depression, low mood, suicide attempts and most recently emailed for the first time suggesting that she had an eating disorder .... [which] had never been mentioned before) but we have no evidence that medical professionals have ever been involved. Mum openly states that Sasha needs to be put in a facility where she has treatment and no lessons. There is also an accusation of domestic violence (DASH involved) but there is no evidence of any incidents as far as we are aware and dad is absent despite having some legal access to the girls. I have concerns that mum does not always tell the truth but fabricates things. There have been MASH referrals now from both myself and [HT] (elective home education service) and DASH ([SD]) have also expressed serious concerns to me regarding mum's control. On the five occasions that Sasha attended our school she did not present at all in the way that mum describes her. Mum seems to want Sasha to not

access education and to have a serious wellbeing issue. Please do call me if you need anything else.'

62. On 21 October 2021 [SH], who works for the young carers' service, made a referral to children's services. She had been asked to work with Tara as a young carer for her sister. [SH]'s particular concerns were Tara being exposed to adult matters; she reported the mother had told her that Tara 'knows everything'. [SH] expressed a concern that Tara was at risk of experiencing the same deterioration in physical, mental and emotional function as her older sister. In her referral note, [SH] wrote:

'Most of the professionals working with the family have now met and we share concerns about Mum projecting her own trauma and mental health needs onto the girls, This concern, combined with her telling different stories depending on the agency she is talking to, increases our worries about the girls' safety, in relation to any genuine mental health needs (or the risk of their mental health deteriorating), school attendance and engagement with both lessons in school and support agencies. We are also concerned that the breadth of referrals Mum has made is a technique to maintain disguised compliance with actions the various agencies have asked her to attempt, in order to help her own children. We suspect that there is a risk of emotional abuse and neglect arising out of mum's own mental health needs not being fully met, including her self-diagnoses of the children. We are particularly concerned at Mum's repeated requests to agencies that Sasha should be hospitalised, as an indicator that she wants social care and support agencies to take the steps required to address her older daughter's needs and that this pattern will be repeated with Tara as she approaches adolescence.'

63. The next day [SD] from DASH sent a referral expressing similar concerns:

'Sasha is not being educated. Mum continually self-diagnoses both her children. Tara has stated her mum told her she is depressed. Mum sends an unprecedented amount of emails which list one or both of her children having PTSD, autism, complex trauma, selective mutism amongst other issues and stated her eldest child needs inpatient mental health care. Neither the school or myself have been provided with any paperwork to support these statements. .... During sessions mum has remained either in the room and the children have seemed very restricted and unbale to answer basic questions.'

64. A child protection conference was convened, following which the local authority sent in an addendum section 37 report to the Court, indicating its intention to issue care proceedings. Sasha's attendance at school was 12%.

65. The ongoing private law and enforcement proceedings (ZW20P0119 and ZW21P01100) were consolidated with the care proceedings.

66. On 8 December 2021 Sasha went to the general practitioner for the purpose of having blood tests but they were not taken. The general practitioner notes describe Sasha coming in with blankets around her and seeming uncomfortable in her mother's presence. Concerns were raised that her mother did not encourage or give any reassurance that the tests would be fine, and said in front of Sasha that the blood tests were 'to please social services.'

67. The mother sent an email later that day stating that Sasha's autism caused her to be hypersensitive to the sensation of the needle inside her such that she was now 'needle phobic', reporting that she had taken advice from members of her support system, and requesting that Sasha was seen by *'the most experienced needle phobic phlebotomist, using a butterfly needle (the finest type of needle?)'*, alternatively for the blood tests to be taken in hospital with gas and air administered to Sasha.

68. On 10 December 2021 the mother wrote a letter to the girls' social worker Ms O, copying in the father, stating that Sasha would like to live with her father *'with immediate effect'*, and that she and Sasha were '*more than happy for the move in date to be as early as next week.'*

69. The local authority issued care proceedings on 15 December 2021.

Events since the issue of care proceedings

70. On 28 December 2021 Sasha moved to live with her father and his partner [*name redacted*].

71. Interim supervision orders were made for both girls on 4 January 2022.

72. Following a hearing on 20 January 2022, an order was made that Tara should also move to live with her father in the interim, pending the conclusion of these proceedings. Both girls were enrolled at schools close to the father's home address. Tara started in January, Sasha in February.

73. I do not know why it was decided to have a fact-find only rather than a rolled-up fact-find and welfare hearing, nor why it has taken over a year for the fact-find to be listed. Various expert assessments have been ordered, including a neurodevelopmental paediatric assessment of both children by Dr Knight-Jones and an extensive assessment of both children by Great Ormond Street Hospital, prepared jointly by Dr Lucy Sawyer and Alice Rogers.

74. After she went to live with her father, by her choice Sasha did not see her mother for three months. Their first contact was on mother's day, on 27 March 2022. Thereafter Sasha saw her mother sporadically for the next four months. Since the end of June

2022 she has been going to contact more frequently and has been more engaged and chatty with her mum.

75. Sasha harmed herself by cutting at school in May 2022. A safety plan was put in place at school and at home and the self-harming decreased.

76. On 31 July 2022 Sasha self-harmed by cutting her thigh.

77. On 6 August 2022 Sasha left her father's home and travelled on her own to her mother's house, taking three different buses. She stayed for the weekend with her and, with the assistance of social care, returned to her father's care on 9 August 2022.

78. Sasha's mental health continued to deteriorate. Incidents of self-harming increased both in frequency and severity throughout August and September, requiring increasingly regular trips to hospital.

79. Sasha had been referred to CAMHS in May 2022. After working with her for a few months in September, Dr G, the senior psychiatric consultant concluded that she was emotionally distressed but did not suffer from a mental health disorder. The recommendation at that time, and in consultation with Dr Sawyer and Ms Rogers from Great Ormond Street Hospital, who had been instructed to act as experts in this case, was for Sasha not to be admitted to hospital, but to be supported at home.

80. On 2 October 2022 Sasha was admitted to [*name redacted*] hospital with a laceration to her neck. She was admitted for treatment and assessment. On 3 October 2022 an interim care order was made for Sasha, and the next day the local authority applied for the Court's authorisation to put in place measures that would deprive Sasha of her liberty if so required, in order to safeguard her health and welfare. Concerns as to a connection between Sasha's mental health deteriorating and contact with her mother lead to orders for their phone records to be subject to analysis.

81. [The mother] maintains that Sasha's deterioration came about due to the complexity and severity of her needs, which have been unmet for some time, and which were exacerbated by the inability of her father to give her the parenting she needed.

82. On 11 October 2022 the case was transferred to the High Court, coming before Williams J on 19 October 2022. The authorisation of Sasha's deprivation of liberty if so required was extended, the case was allocated to me for the fact-finding hearing.

83. On 24 October 2022 Sasha moved to [Placement P] where she remains at this time.

84. The local authority filed and served its schedule of findings on 10 January 2023. Each of the sixteen findings sought (and any sub-findings) are pleaded against the mother alone. No findings are sought against the father.

85. Tara continues to live with the father and his partner pursuant to the orders made in January 2022. She is attending school near his home and doing very well there, popular with teachers and her classmates. She enjoys the time she spends with her mother in contact. She has expressed a consistent wish to return to her mother's care.

86. Sasha recently spent a weekend with her father which went very well. She is reported to be a great deal more settled than she has been for some time. The local authority is not seeking to extend the authorisation for deprivation of her liberty.

The law

87. The burden of proof in establishing the matters set out in the threshold schedule of findings is on the local authority.

88. The standard of proof is a balance of probabilities; disputed allegations only become proven facts if is more probable than not that they occurred.

89. Findings of fact must be based on the evidence (including inferences that can properly be drawn from the evidence), and not suspicion or speculation.

90. I must take account of all the evidence and each piece of evidence in the context of all other evidence:

'Evidence cannot be evaluated and assessed in separate compartments. A judge in these difficult cases must have regard to the relevance of each piece of evidence and exercise a totality of the evidence to come to the conclusion of whether the case put forward by the local authority has been made out to the appropriate standard of proof.'

(Re T [2003] EWCA Civ 558 at para 33, per Butler-Sloss P.)

91. When considering the evidence of the witnesses I must take care to identify those parts of their evidence which are part of their direct recollection, and those parts of their evidence where they are reporting what someone else has said, and to assess the relative weight of such evidence accordingly.

92. I remind myself of the direction that, in a criminal case, would be called the 'Lucas' direction because it is based on the case of R v Lucas [1981] QB 720. If proved that a person has lied, the Court must analyse the relevance of the lie to the issues in the case. A lie may be in relation to an issue that has no relevance to the real issues before the court. Lies may be told for many reasons. A person may lie out of a sense of shame, misplaced loyalty, humiliation, embarrassment, panic, fear, confusion, emotional pressure, a desire to conceal other misconduct or for many other reasons. I have also been referred to the cases of In Re H-C (Children) [2016] 4 WLR 85

McFarlane LJ and H v City and Council of Swansea and Others [2011] EWCA Civ 195.

93. The evidence of the parties is very important and the Court must be able to form a clear assessment of their credibility and reliability. I further remind myself that credibility alone cannot decide this case and that, if a court concludes that a witness has lied about one matter, it does not follow that he or she has lied about everything.

94. The Court should consider how much weight to attach to discrepancies in accounts between witnesses or from one witness at different times. See *Re A (A Child*) [2020] EWCA Civ 1230 and in *Lancashire v R* [2013] EWHC 3064 (Fam): per Mostyn J:

[8]…(xi) The assessment of credibility generally involves wider problems than mere "demeanour" which is mostly concerned with whether the witness appears to be telling the truth as he now believes it to be. With every day that passes the memory becomes fainter and the imagination becomes more active. The human capacity for honestly believing something which bears no relation to what actually happened is unlimited."

95. Any findings of fact are for the Court to make based on the evidence before it. No weight should be given to the opinions of others about the credibility of a particular witness.

The evidence

96. I have read all the documents to which I have been directed and a great number more, so that I am satisfied I have considered all relevant material. The documents include, but are not limited to, witness statements, assessments and reports, documents from previous private law proceedings, Court applications and orders, contact records, medical records, records from various educational settings, local authority case notes and minutes of meetings, selected documents from the local authority areas in which the mother and children lived prior to moving to RBWM, mobile phone downloads, and police disclosure.

97. I heard oral evidence from the following witnesses:

- CAMHS: **Dr B**, community paediatrician, LB [London Borough of Z]; **CU**, registered mental health nurse, clinical team manager for [London Borough of Z] CAMHS

- **Alice Rogers** and **Dr Lucy Sawyer**, Great Ormond Street Hospital child care consultation team;

- Social workers: **Ms O**, **Ms T** and **Ms B**;

- Teachers: **Mr M** (Headteacher [K school]), **Ms G** (assistant headteacher, [J] School), **Ms L** (headteacher P school, [RBWM]), **Ms A** (headteacher [L school, RBWM]);

- Young Carers' Practitioner, **[SH]**;

- DASH worker, **[SD]**;

- Elective Home education co-ordinator**, [HT]**;

- The girls' mother;

- The girls' father.

98. I did not hear oral evidence from **Dr Knight-Jones** the consultant paediatrician, because unfortunately she was taken seriously ill in the days before the hearing. The parties sensibly decided to continue with the hearing, and to invite me to give what weight to Dr Knight-Jones's report was appropriate.

99. **Dr Christopher McEvedy**, consultant psychiatrist, interviewed the mother in December 2022 and confirmed in a written report his opinion that she had capacity to participate fully in the proceedings, and there were no cognitive issues affecting her ability to give evidence.

100. The descriptions of the teachers, social workers and other professionals who I heard oral evidence from was consistent. All of those witnesses gave clear evidence, consistent with their written statements and with one another. Each of the professionals who had encountered [the mother] had strikingly similar experiences of her.

101. Their accounts to the Court were underscored by a vast amount of contemporaneous notes, records, emails and other correspondence, which paints a clear picture of particular patterns of behaviour and interactions between [the mother] and her daughters, their teachers and other professionals, and with the girls' father.

102. **[The mother]'s** own evidence to the Court reinforced the evidence of the professional witnesses. She articulated her own position with confidence, although often answering a question with another question or a statement that tended to lead her off point and back to her own agenda. She was absolutely clear as to her own narrative, but, I found, resistant to considering other perspectives.

103. A number of times, she continued to resist even when presented with evidence which made her own account unsustainable.

104. For example, when it was put to her that in response to the father's application to the Family Court in February 2016 she had gone to the police a few days after to make allegations against him, she said she did not remember that happening. If it had happened, she said *'it doesn't mean my narrative or agenda was to defy the father from having contact with his daughters.'* It was put to her that the allegations she had made were false, and she said no that was not the case. She said she was '*vague as to who submitted'* the application for a non-molestation order based on that allegation, although she noted that she had acted on professionals' advice in order to safeguard herself and the children. It was put to her again that contrary to her assertion that she had 'welcomed' the father's application to Court as a sign of his commitment to contact, she had made false allegations to the police. She said, *'that is your narrative but not our lived experiences.'*

105. [The mother] described how she had become completely exhausted and reached crisis point through her efforts over the years, devoting all her waking hours to research, advocating for her children, battling with various agencies, and trying to get the support she felt they needed. She is passionate about wanting them to have a voice, but she was not always able to express what the girls had said for themselves. For example, in an exchange during cross-examination by Mr Miller about the child arrangements order, she seemed unable to answer a straightforward question asking her to recall Sasha's own voice:

M: I was following the order that I asked the judge to support me in achieving – and I was supporting it so far that it started to impact Sasha's trust in my ability to support her wishes and feelings in that contact.

SM: What was Sasha saying?

M: In the end – there was an extreme level of negotiation between me and Sasha – I'm referring to the time the child protection proceedings were initiated and I remember saying to her that as you can see I had been unsuccessful in getting the right school provision and the right help for her mental health and so therefore - her and her father's relationship wasn't where it appeared she needed to be – she had no option but to go there – she was going anyway because of the local authority's initiation of court proceedings.'

106. Giving evidence is a stressful experience and it is not surprising if a witness might stray off topic and need to be brought back. However, it is of note that when asked a direct question, 'what was Sasha saying', the mother could not answer, but instead launched into a justification of her own actions, and chose to answer a different question.

107. This is a pattern that recurred throughout her oral evidence, and mirrors the accounts of the various professionals I read and heard from about their experiences of interactions with [the mother]. For example:

- *'Conversation with [the mother] was erratic and it was hard to keep the conversation to Sasha and her needs'.* BP of TAG in the MASH referral of October 2021;

- *'In my experience, [the mother] avoids answering questions or answers them with questions of her own and would often throw key words around rather than being explicit. She presented as focused and determined, she is not afraid to say what she feels but this was often in front of the children or within hearing distance of them which in my view was inappropriate. Although I did raise this with [the mother], she said the children know everything. ....*

  [the mother] was erratic/agitated in her tone of voice and thought process, and this is something that I have observed throughout the time I have had contact with her.' [HT], Elective Home Education Co-Ordinator;

- *'Sasha's absence was not always reported to school and the school office often had to chase the reason for absence. The reasons given were unclear and/or vague. ...*

  Suggestions of support were not taken up or accepted and then later turned down. Mum is not able to answer questions about supporting Sasha and often avoids answering questions with another question'. Ms A, Headteacher of [L school].

- *[the mother] forwarded me voluminous emails, which she said were evidence of [the father]'s failings, however, these emails were primarily her own lengthy accounts to various professionals and agencies and did not corroborate her account. [The mother] grew frustrated at me because she did not think I was placing due weight on these documents.'* KH s 7 report 7 May 2021

108. **[The father]** gave his evidence in a straightforward and clear manner. What he said was consistent with his written evidence and reports that he has made to teachers, social workers and other professionals over the years. I found him to be a reliable witness.

109. Miss Crowley KC fairly acknowledged that given the outcome of the previous Family Court proceedings and that the local authority is not seeking any findings against him, she was not in a position to put a positive case in line with mother's generalised assertions that there had been domestic abuse in the relationship. Miss Crowley cross-examined Mr Johnson for an hour. It was suggested to him that he had not been consistent in his commitment to the children, but he denied it. He works a

shift pattern of four days on and four days off, which means that on some occasions when he had the girls it was his partner who was with them, or when they were very small, sometimes a childminder, but he denied that this should be taken as any sign of his lack of commitment.

110. I have not been taken to any evidence of phone messages, emails, reports to teachers, social services or the police which would suggest that there have been times when [the father] has been unreliable, by turning up to contact late or missing it altogether, or seeking to change arrangements. There is one incident where there was some confusion about the meeting point, the girls then turned up and were wearing slippers, and dirty clothes. [The father] is reported to have told them to go home and change, they went home but did not then come out again to contact. The evidence does not support a finding that the father has been lacking in commitment or has been unreliable or inconsistent in his wish to be present in his daughters' lives.

111. He said that the relationship had only become difficult after they had separated and issues around his spending time with the girls arose. He said that over time he had developed a fear of being accused by the mother, *'a fear she try to accuse me or make up some story'*. He used the word 'fear' again, when he said, *'I have this fear that what [the mother] says might not necessarily be that way – she has a way of saying things but doing something else'*. He acknowledged the girls had said that it was boring at his house in the past, but said this was due to the influence of their mother. He acknowledged that Tara says she wants to go and live with her mother.

112. The evidence of **Dr Lucy Sawyer** and **Alice Rogers** of Great Ormond Street Hospital was powerfully persuasive. They were the Court appointed experts in relation to the children's mental health. Their substantive report of 19 August 2022 is extremely long and a challenge to absorb, but it is detailed, thoroughly researched, and a compelling read, with a helpful summary of their key conclusions. It is a demonstration of the extent of the investigations they carried out. They answered questions in September 2022 and prepared an addendum report dated 27 January 2023. What came across in both their reports and their oral evidence was a depth of understanding based on thorough investigation and analysis, administering tests, reviewing the history, speaking with other professionals, the children and with each of the parents.

113. Giving their evidence jointly, they answered questions with authority, deferring to one another as appropriate, giving clear reasons for their opinions, supported by the evidence base they had obtained and by their own evident expertise and experience. Their opinions were fairly and robustly challenged in cross-examination, but their evidence was not undermined in any way by the process. Rather, it has been reinforced by their oral evidence, and the weight of all the other evidence that I have heard and read. I rely on their expert evidence and accept the conclusions they have reached.

114. **Dr Knight-Jones's** report dated 18 August 2022 is also extremely long and contains a complete overview of both girls' medical records. Because of the serious health condition that unfortunately befell her, Miss Crowley did not have the opportunity to challenge Dr Knight-Jones on the report. However, there is no significant discrepancy between her substantive conclusions and those of Dr Sawyer and Ms Rogers. I was not taken to any part of her report which was said to conflict or undermine their conclusions.

115. In Dr Knight-Jones' opinion Sasha fulfils the diagnostic criteria for a moderate depressive episode with some co-morbid social anxiety. This chimes with the GOSH assessment.

116. Dr Knight-Jones did not agree with mother's assessment that Sasha has an 'undiagnosed syndrome'. Dr Knight-Jones said this was very unlikely. She found nothing to suggest that Sasha was suffering from PTSD. With regard to the diagnosis of autism, Dr Knight-Jones identified features of Sasha's presentation that could be consistent with autism, such as *'her limited eye contact, lack of confidence, lack of facial expression and rather monotonous voice. Her odd posture and awkward movement could be seen as autistic features; however, these features can also be seen in people suffering from depression. Sasha's quite strong motivation to meet up with friends is not typical of either.'*

117. Dr Knight-Jones concluded that whether or not Sasha's social difficulties were inherent or primarily the result of her experiences, *'her mother's interactions with her have been a significant causative factor.'*

118. Again, this evidence is consistent with the conclusions of Dr Sawyer and Ms Rogers. They do not rule out assessment at a later stage for autism, but in their professional opinion it is not a diagnosis they support:

'The diagnosis of Autistic Spectrum Disorder (ASD) was reviewed in the current assessment. At this time, we do not support a diagnosis of ASD. Sasha has a number of social strengths that are not suggestive of ASD and we conclude that Sasha's social difficulties could alternatively be explained by her high anxiety and low self-esteem. Sasha needs a period of stable, attuned care; any concerns about ongoing social communication difficulties should be reviewed over time. We understand Sasha's presentation to be a psychological response to an experience of early childhood instability and conflict, changes in caregivers and experience of neglect by her mother, in comparison to the better care provided to her sister. [The mother] has been preoccupied with Sasha's physical and mental health, perceiving Sasha to have numerous things wrong with her. Sasha has internalised this sense of herself as odd, different, and defective. This has had a profound impact on her self-esteem and ability to cope socially.'

119. The only evidence that was out of step with this came from Dr B, who had made the diagnosis of Autistic Spectrum Disorder in December 2018. Dr B's letter dated 7 November 2018 sets out the factors taken into consideration when coming to this diagnosis. However, both Dr Sawyer and Ms Rogers, and Dr Knight-Jones have reached a different view. Dr B was cross-examined about the process by which she reached her conclusion.

120. Having regard to all the evidence I have heard and read, I prefer the conclusions of the Court appointed experts to those of Dr B, for the following reasons:

- The assessment relied unduly on the questionnaire filled in by mother, and by her report to Dr B in the consultation room. Dr Sawyer and Ms Roger queried what weighting was given to the questionnaires or the history as they observed that strengths and weaknesses were reported. The report does not describe what method was used by Dr B to weigh the information to reach her conclusion;

- Sasha was there, but Dr B accepted in evidence that she did not interact with her. Other than measure her weight and height and make one observation that Sasha did not maintain eye contact with her, but did have good eye contact with her mother, she did not carry out any further observations of Sasha for the purpose of her assessment;

- Dr B said that mother's answers were cross-referenced against questionnaires filled in by Sasha's school, but had no explanation for why a copy of the questionnaire was not with Sasha's records. It is a mystery what has happened to this questionnaire. The school has no record of receiving or filling in the questionnaire (where the normal process would be to keep a copy on file). The overwhelming impression from the school records is that they had not observed the same behaviours in Sasha that her mother had described. In the circumstances, if there had been a questionnaire from the school, it is not certain that it would have served to corroborate the mother's report. As Dr Knight-Jones reports, '*it appears they never previously considered that Sasha should be diagnosed with autistic spectrum but rather appeared to see her as child in difficult circumstances'*;

- No follow up was provided after the diagnosis, in breach of NICE guidelines;

- By contrast the Court appointed experts had a great deal more time, and carried out much more thorough investigation into the question of Sasha's diagnosis. They carried out diagnostic tests, observed Sasha and spoke with her as part of that assessment, read fully into the history, and spoke with other significant individuals.

121. Dr B did not use the ADOS-2 diagnostic test (Autism Diagnostic Observation Schedule 2). Dr Sawyer did carry out this assessment. The outcome of that assessment was that the scores met the threshold for autism spectrum disorder, but Dr Sawyer noted also that there were both some social strengths evident, which were not consistent with a diagnosis of autism. At the same time Sasha was highly anxious, which could have impacted her ability to make eye contact, initiate conversation and engage in reciprocal conversation. When the ADOS-2 assessment was considered alongside the formal interview, broader clinical assessments and observations, questionnaire data (including from each of her parents which results did not support diagnosis) and information from other professionals or sources, Dr Saywer and Ms Rogers concluded that there was insufficient evidence to support a diagnosis of autism spectrum disorder.

122. I accept the conclusions of Dr Sawyer and Ms Rogers. They were impressive witnesses, whose opinions carried authority and weight, reinforced by the evidence of all other witnesses, and the mass of material that I have read.

123. They do make a diagnosis for Sasha of social anxiety disorder, suicidal thoughts and depressive symptoms. Their conclusions as to the causes of these presentations are as follows:

'We understand Sasha's presentation to be a psychological response to an experience of early childhood instability and conflict, changes in caregivers and experience of neglect by her mother, in comparison to the better care provided to her sister. [the mother] has been preoccupied with Sasha's physical and mental health, perceiving Sasha to have numerous things wrong with her. Sasha has internalised this sense of herself as odd, different and defective. This has had a profound impact on her self-esteem and ability to cope in society.

Sasha has been exposed to emotional abuse and neglect. … Sasha's experiences include:

- *Emotional unavailability and neglect: [the mother] has been unable or unavailable to respond to the Sasha's emotional needs.*

- *Negative attributions and misattributions to the child: describing Sasha as narcissistic, a 'bitch', blaming her for the family's problems and exposing Sasha to over-assessment, in search of labels to explain Sasha's distress. Sasha appears to believe in these negative attributions, believing herself to be faulty, or problematic.*

- *Developmentally inappropriate or inconsistent interactions with the child: this includes limitation of exploration and learning (for example failure to promote*

friendships and schooling) and exposure to confusing or traumatic events and interactions.

- *Failure to recognise or acknowledge the child's individuality and psychological boundary: inability to distinguish between the child's reality and the adult's beliefs e.g., a belief that there was something 'wrong' with Sasha.*

- *Failing to promote the child's social adaptation: promoting mis-socialisation (into believing that she has multiple diagnoses), psychological neglect (failure to provide adequate cognitive stimulation and/or opportunities for experiential learning). This category contains both omission and commission, including isolating children.*

124. Dr Sawyer and Ms Rogers conclude that there is no basis for making any psychiatric diagnosis in respect of Tara, *'although she can present as sad and withdrawn and has a low self-concept.'* She has shown a pattern of avoiding situations which provoke anxiety, which has been reinforced by her mother. In their report, Dr Sawyer and Ms Rogers say, *'Tara can withdraw into herself, appearing wholly self-contained, which we hypothesise to be a strategy to manage situations which felt unpredictable or chaotic, such as when [the mother] became emotionally distressed, or communication became confusing. ....*

[The mother] has been the main caregiver for Tara. [The mother] appears not to have been able to provide a safe and stable base in which to contain Tara's childhood worries and fears. It might be that [the mother] was mis-attuned to Tara's communication and did not understand sufficiently what Tara was communicating. Alternatively, [the mother] might herself have become angered or distressed by what Tara was reporting, elevating the anxiety.'

125. Dr Sawyer and Ms Rogers describe both girls having attachment styles which are not positive:

- For Sasha this is a disorganised attachment style, is compliant, and inhibits difficult or 'negative' emotions.

- For Tara this is an anxious avoidant attachment style alongside features of disorganisation.

- In respect of both their attachment styles they say:

  'Changes in the home life of the girls, including moving around, moving schools, breakdowns of relationships, and ongoing acrimonious relationship and contact

deputes between the parents, created an unstable insecure environment, which will have taxed the girls' insecure attachment styles further.'

Findings

Sasha

126. The first set of findings concern Sasha, and can be grouped together.

Finding 1:

Sasha has a diagnosis for a social anxiety disorder, which:

- **has developed in the context of physically and emotionally abusive behaviour by her mother towards her;**
- **where she has been treated differently to her sister;**
- **where she became the focus of negative and continual attributions from her mother, focusing on there being things wrong with her, odd and needing various diagnosis.**

As a result, she has developed a low sense of self, which meant she was more anxious about what other people thought of her. Sasha's symptoms were such that they resulted in significant distress and impairment in her general functioning.

127. Finding 1 is essentially derived from Dr Sawyer and Ms Rogers' expert report. I find it proved to the standard of a balance of probabilities.

Finding 2: Sasha does not have an autistic spectrum disorder.

128. Some features of Sasha's presentation could be regarded as consistent with a diagnosis of autism spectrum disorder. However, I accept the evidence of Dr Sawyer, Ms Rogers and Dr Knight-Jones, that the diagnosis made in December 2018 cannot be regarded as definitive or reliable, and that Sasha does not meet the criteria for Autism Spectrum Disorder.

129. Following this diagnosis, it was reasonable for the mother to assert to teachers, social workers and other professionals that Sasha did have autism spectrum disorder.

130. However, even when professionals were working on the basis that Sasha did meet that diagnosis, their concerns for the way that [the mother] was responding to her daughter remained. Recalling their observations of [the mother] and Sasha in contact, Dr Sawyer and Ms Rogers described that they did not see sensitive, attuned parenting from [the mother]. She did not seem to them to be finding ways to settle the

situation and reduce anxiety for the children. She did not seem to them to be picking up on Sasha's cues, for example when Sasha took herself away, [the mother] commented that she was 'at peace' or 'just chilling', but they felt this was clearly not the case, Sasha was clearly highly anxious, unsure of herself, uncomfortable, feeling on the periphery and excluded. [The mother] had to be encouraged to go over to her and to engage with her.

131. [The mother] has sought labels and diagnoses so as to enable her or her daughters to be entitled to receive particular support which she has identified. Her focus has then become on the battle to obtain that support or treatment. But in terms of her interactions with the children she has not shown an ability to be curious about what they might be feeling, or to be able to respond in a way that provides her children with the reassurance they needed.

Findings 3 and 4

[The mother] has over-medicalised Sasha's behavioural difficulties by seeking a variety of referrals / diagnoses. [The mother] has told professionals that Sasha has diagnoses/problems for:

PTSD
ADHD
Sensory processing disorder
Selective mutism
Eating disorder
Learning disabilities
An undiagnosed syndrome
Lactose intolerance
Food allergies
Dyslexia / Dyspraxia
Autistic symptom of intolerance to noise
***ASD with* element of OCD**
A new allergy growing every day
Dyscalculia

<u>Sasha does not have any of these conditions.</u>

[The mother] has asked for referrals to:

Occupational therapist
sleep specialist
allergy specialist

[The mother] has made a number of requests for Sasha to be admitted to an inpatient psychiatric facility

132. [The mother] loves both her children very much and is highly motivated to achieve what she perceives to be the best for them.

133. However, the way in which she has sought help for them has been problematic. In her oral evidence, Ms Rogers described how [the mother]'s own anxiety becomes very heightened when the children present with needs, particularly Sasha. One consequence of this is she can become very emotionally dysregulated and find it difficult to put in boundaries, for example if the children are saying they don't want to go to school. A second consequence is that the escalation of anxiety leads to her seeking help, and, *'the help seeking in itself has become a problem'*.

134. [The mother] accepted that at times she had used labels as a 'short-hand' to save time, *'at a time of most extreme crisis I would look for names and labels that cover some of the symptoms the children were presenting with particularly Sasha, and instead of continuing to describe those symptoms, I chose to give the label as a short hand to save me time.'*

135. [The mother] is a trained mental health nurse and to a certain extent one can understand that she might stray into 'short-hand' and professional language when speaking to other professionals about her children. However, I do not find that her description meets the situation. She was not using labels in order to try and assist formulation of diagnosis or getting support, but more often than not, was conveying an impression that a diagnosis had <u>already</u> been made by another professional, when that was not the case.

136. Many of her communications are strongly directive. Her use of labels in this context appears to be to convey a sense of authority and experience, as though she is the practitioner organising a case conference or directing treatment. That she would use what means of persuasion she had available to her in order to get support she felt her daughters needed is perhaps understandable. However, she was wrong to make diagnoses herself, or to tell professionals that diagnoses had been made when they had not.

137. She does not appear to have been able to allow professionals to make their own assessment of the girls' presentation, and to assess their needs and how they could be supported. There is a recurring pattern, that if [the mother]'s prescription of treatment was not accepted, she sought a second or third opinion, or would disengage from the process.

138. The children, and particularly Sasha, were exposed to unnecessary medical and mental health attention and intervention which was at such a level as to be

significantly harmful to their wellbeing. This increased a sense that something was wrong with the children, undermined their confidence and self-esteem, especially as comments would be made about them whilst they were present, and prevented them from getting the help they needed.

139. Dr Sawyer gave an example in her oral evidence:

'... there was an example where Sasha was offered CBT – for depression - and [the mother] was very concerned that she had PTSD, and did not support her to access CBT – she was looking for specific trauma focused treatment – that was not helpful – Sasha did not have diagnosis of PTSD. Because [the mother] found it hard to be comforted by or receive the professional diagnosis and recommendations [Sasha] missed out on treatment and support – there was some help sought – she was worried and anxious – it was appropriate she sought support for daughter - help was offered but not able to be taken up because anxieties and a new belief developed about what Sasha needed.'

140. This is a pattern that has been repeated many times over the years. The evidence shows [the mother] making requests for specific help and support from various agencies, for professionals and teachers to visit at home, for meetings to be convened, support to be put in place, only for the mother to cancel the meeting, not turn up to the appointment, or challenge the recommendation that was made and seek another opinion.

141. It was submitted that the impact of the Coronavirus pandemic should be taken into account. I do accept that this would have added to the mother's burden, but the issues of concern have stretched back long before the pandemic and continued thereafter. During that period of time, the mother was asking for help, but not engaging with the support that was offered.

142. Some further examples:

- *'[the mother] has withdrawn her daughter because the SENCO would not support her in writing a letter to professionals to ask for medication for her daughter'...* Mr M, Head of [K school];

- *'It was felt that Mother attempted to drive the organisation of this meeting in order to defer until a social worker was allocated.'* [SH], Young Carers Practitioner;

- *'Seven of these conversations were in the attempt to organise a review with mother and Tara together. Mother found a number of reasons why she could, or would, not meet me and Tara to review the assessment and discuss the way*

forward once the Child Protection Process had begun.' [SH], Young Carers Practitioner;

- *'From our limited experience, which was never in person, [the mother] was not consistent in her attendance. She said on more than one occasion that the support that we offered was not what she wanted or that it was not enough'.* [TK], Parent Services Manager, the Autism Group;

- *[The mother] and the school have, at times had a difficult relationship. [The mother] did not always agree with school systems and procedures, such as the need for consistent attendance and punctuality. [The mother] did not share Sasha's health records with us as we were not medical professionals. [The mother] was disappointed that the girls had safeguarding files and complained about my actions to the head teacher several times… I was not always able to follow [the mother]'s thought processes and she had fixed ideas about what school should be doing to support the children, e.g. purchase an exercise bike for Sasha to use at school.'* Ms G, Assistant Headteacher at [J] School;

- *'Having been reminded of these interventions, [the mother] appeared to want to focus on referring Tara for further assessment. It wasn't totally clear what kind of assessments she wanted.'* Ms L, Headteacher of P School;

- *'I felt that often mum would ask for a lot of services to be involved but when they came together to give her the support to get Sasha into school she would then back out',* [HT], oral evidence;

- *'We have tried to organise telephone and face-face appointments which are cancelled last minute and then requesting in-patient care for child and reluctance for child to be referred via established pathways',* Dr V, general practitioner, [*name redacted*] surgery;

- *'[The mother] states that the support provided is not what is needed, and she is clear that all they need is Sasha being in an in-patient hospital, EHCP and respite. [the mother] shares that therapeutic counselling is not enough for Sasha and this has been tried in the past and was not working due to Sasha disengaging. Sasha has been offered counselling in the past without this being followed up. There are concerns that [the mother] has been given advice, had home visits completed by education, family coach and DASH but still saying that no intervention has started, and the system is failing her and the children. Sasha is on the waiting list for CAMHS and they have been informed by [the mother] that they can only speak to Sasha at home as Sasha won't come to appointments. There are concerns that [the mother] is trying to sabotage the support that is being put in place. CAMHS have been clear that they are concerned about [the mother]'s*

presentation and her continual requests for assessments for the children.' Ms O, social worker.

Finding 5:

Sasha has:

- **extensive emotional and psychological needs;**
- **self-harming behaviours;**
- **a low self-concept;**
- **a poor body image; and**
- **<u>disordered eating</u> conditions.**

143. [The mother] has struggled to manage basic routines and set boundaries for the girls. Her *'attributions that Sasha could not sleep, or manage basic routines, rather than being unable to manage boundaries and routines herself have led to a situation where Sasha was not really being parented'* (Dr Sawyer and Ms Rogers).

Self-harming

144. The issue of self-harming is complex. There are a number of early reports of self-harm by [the mother], but the evidence is equivocal as to whether Sasha was self-harming before 2022.

145. In December 2019, [the mother] reported (in Sasha's presence) that Sasha was scratching her skin as she did not like its colour.

146. In March 2020 Sasha reported that she had self-harmed by scratching her skin on purpose when she was eight (she was eight in 2017) but had not done it since then.

147. In October 2020 [the mother] told the SEN tribunal that Sasha had sprained her ankle and this was *'a regular occurrence of self harm I believe'*. On the same day she reported to the school that Sasha had picked at her thumb and this was a clear sign of self-harm. On 15 December 2020 [the mother] told different CAMHS consultants that there was no history of self-harm, but Sasha had stood up on a moving bus and told the driver she felt like jumping out of the bus and that he should stop.

148. On 30 July 2021 [the mother] reported to CAMHS that Sasha had taken tablets to kill herself (she did not at this point say they were vitamin tablets) and had been self-harming her skin. At this time [the mother] was at a time of crisis and was pressing for Sasha to be hospitalised. On the same day she reported to Sasha's general practitioner that two weeks previously Sasha had taken twenty vitamin tablets and that she was begging for therapy within a hospital setting. The history of the

overdose on vitamin tablets was repeated to [HT] at the end of September and to CAMHS in October.

149. Sasha has not told anyone she has taken an overdose.

150. In November 2021 Sasha told the social worker that she had not self-harmed.

151. Sasha was present at a number of discussions between her mother and professionals where her mother was describing and interpreting her experiences as incidents of self-harm.

152. After she had left her mother's care, self-harming by cutting did start and has developed into a very significant issue for Sasha throughout the course of 2022. It was the reason for her eventual admission to hospital.

153. This is a complex issue and will be a major focus of Sasha's treating clinicians. Sasha's self-harming first happened shortly after she had started school in March 2022 but then subsided. The school felt this was due to being overwhelmed with restarting school after a lengthy period of being absent from school. That there may be an association to contact between Sasha and her mother is not to say that her mother has <u>caused</u> the self-harming. The situation is more nuanced.

154. Dr Sawyer and Ms Rogers identified the contact starting with her mum and secret contact going on as being extremely confusing, enticing and likely to destabilise.

155. Treating clinicians expressed a view that Sasha's self-harming in the summer of 2022 was a means of communicating extreme distress, and a way to communicate a wish to go back to her mother's care.

156. Contrary to [the mother]'s suggestion, there is no evidence that the deterioration in Sasha's presentation is a response to the care her father has given to her, although both he and his partner struggled to manage the significant and rapid escalation of her inability to cope. Another reason posited was that the fact of Sasha becoming more settled in her father's care and in a place of safety may have enabled her to feel more able to express her distress. They said her world at her mother's was quite small, she was mostly at home with her mother and sister and not going out or to school, so not taxed in that environment. At her father's her world became bigger, she was supported to go to school, take the bus with a friend, or meet a friend in the park. She was developing her abilities but at the same time would be increasingly aware of her own difficulties, finding it hard to socialise with peers, lacking skills many of them had. Her understanding of herself as different was likely to be stronger in an environment with a more varied set of experiences.

157. There are significant concerns about [the mother]'s abilities to respond to this issue appropriately and to take steps to safeguard Sasha's welfare.

158. That Sasha was eventually admitted to hospital and then to the specialist placement where she now is, should not be regarded in any way as some kind of proof that [the mother] was right all along about Sasha's need to be hospitalised.

159. I accept the submissions on behalf of the guardian that the mother's assertion to this effect is 'further evidence of her lack of insight and dogged pursuit of her own agenda for Sasha.'

Weight/body image

160. While in her mother's care, Sasha has been exposed to continual discussion about her weight. This has been an issue of genuine concern, and is a significant challenge for any parent, but [the mother]'s management of the situation has often led to her talking in front of Sasha about her being overweight and over-eating, or this being a mental health issue. Sasha said to CAMHS that she thought she was *'fat', 'ugly'* and *'horrible'*.

161. Dr Sawyer and Ms Rogers gave evidence that in their expert opinion, this approach would have contributed to Sasha's difficulties:

Q:" if Sasha was being told that overeating/weight is an issue and that narrative is being repeated if that would feed into her personal belief about the issue;

A - there is a link and it could compound and contribute. It would be likely that she would be aware of it and comparing herself to other children so it, it is both things. It's a compounding factor and likely to contribute to the belief 'I am an over eater".

Findings 6, 7 and 8

162. As with finding 5, findings 6, 7 and 8 are based on the expert opinions of Dr Sawyer and Ms Rogers, supported by the overwhelming weight of evidence that I have read and heard. I find them proved to the standard of a balance of probabilities.

163. The evidence in respect of chronic joint pain (finding 6) comes from Dr Knight-Jones, is touched on by Dr Sawyer and Ms Rogers and within Sasha's own health records, in that her own reports do not match up to her mother's, and there are no reports of her telling teachers or others about having joint pain in the ways described by her mother.

Finding 6: Although Sasha was diagnosed with joint hypermobility in 2017, she did not suffer from chronic joint pain, which was exaggerated by [the mother].

[The mother] has made exaggerated claims in respect of the physical difficulties she says Sasha had in her daily living.

Finding 7: Sasha's presentation is a psychological response to:

- **an experience of early childhood instability and conflict in the primary care of her mother; and change in caregivers; and**
- **neglect by her mother**

Finding 8: [the mother] has been preoccupied with Sasha's physical and mental health, perceiving Sasha to have numerous things wrong with her.

Findings 9 and 10

Finding 9: Sasha presents with a highly insecure and disorganised attachment style, is compliant, and inhibits difficult or 'negative' emotions. Sasha:

- **has no ability to communicate, process, or manage such emotions;**
- **is compulsively compliant;**
- **exhibits clingy and preoccupied behaviours; and**
- **is highly self-reliant**

As a result:

- **she has not been able to regulate her relationship with her mother; and**
- **get her needs met; and**
- **her behaviour has become increasingly fragmented and desperate;**
- **which has more likely than not exacerbated [the mother]'s perception of something being wrong with Sasha.**

Finding 10: Sasha has been exposed to chronic emotional, verbal and physical abuse and neglect by [the mother].

This has included:

- **Emotional unavailability and neglect**
- **Negative attributions and misattributions to her**
- **Developmentally inappropriate and inconsistent interactions with her**
- **A failure to recognise or acknowledge her individuality**
- **Failure to promote her social adaption**
- **Pulling her hair**
- **Verbal abuse**
- ~~**Causing her to sprain her wrist that required attendance at hospital**~~

Sasha was blamed by her mother for causing issues within her family.

Sasha was physically neglected, isolated and verbally blamed by her mother for the "family's problems"

164. Findings 9 and 10 are also largely derived from the expert opinion of Dr Sawyer and Ms Rogers, which I accept, again supported by the overwhelming weight of the evidence. I find these allegations proved.

165. I am not aware of the evidence around an allegation that [the mother] caused Sasha to sprain her wrist requiring her attendance at hospital.

166. I have seen the police entry in respect of the hair pulling incident, referred to in the chronology above. This is a third hand report of what Sasha is said to have told the officer so I must be cautious as to the weight I give it. After the description of the hair pulling incident, the officer asked Sasha if [the mother] hurt her in other ways. Sasha is reported to have said, *'she says mean things',* for example, *'she said how do you still have friends and stuff like that', she also said, 'you're a disrespectful child' ....she just gets angry every day and says mean things.'*

167. There are a number of accounts within the evidence of the mother saying mean things to Sasha in the presence of other adults, and notes within the contact records that stray further than not being attuned or being unsympathetic, but amount to being mean. An example is the comment she made about Sasha having 'destroyed her hair'. I find that the entry in the school chronology for 29 January 2019 noting that [the mother] had been heard to call Sasha a 'bitch' is consistent with this pattern of behaviour and on a balance of probabilities I find to be accurate. In her statement, [Ms O] referred to observations from professionals of the mother saying, *'Sasha is the reason for all our family problems', 'Sasha needs serious help she is ruining this family', 'Sasha's needs have taken over my life and ruined my business.'*

168. In their evidence Dr Sawyer and Ms Rogers reference a long email written by [the mother] in which she referred to Sasha as a 'narcissistic child':

'It is clear that there was a serious deterioration in the relationship between Sasha and her mother, and Sasha was positioned as the problem child, with highly differential treatment of the girls, and with her mother making attributions about Sasha's behaviour being indicative of an abuser, as well as likening her to her father, whom she alleged was abusive.'

169. On a balance of probabilities I find that Sasha's account of her mother saying mean things is reliable, and I infer that it is more likely than not that her account of her mother pulling her hair was also true. [The mother] was upset and angry about

Sasha saying she did not wish to live with her. I find she did wake Sasha up while she was sleeping by turning on the lights, and that while they were watching a movie she pulled her hair in the way that Sasha described to the police officer.

170. I cannot rehearse all the evidence I have read and heard that underpins these findings, but one can almost pick any interaction between the mother and either a teacher or a health professional at which Sasha was present, and find evidence of the same patterns emerging. In the chronology at the outset of this judgment I have referred to the interactions with the two phlebotomists which are good illustrations of a pattern of mother being unable to provide the reassurance her daughter needed, being unsympathetic to the point of being mean, and then afterwards framing the situation as one in which Sasha's particular difficulties, and the professionals' inability to provide specialist help to meet those needs as the root cause of the problem.

171. The analysis of Dr Sawyer and Ms Rogers is that [the mother] can become *'emotionally elevated'* and *'unpredictable',* that she can become focused on things and speak repeatedly about them, and at such points she can find it difficult to think about the emotional needs of her children. In their second observation they noted [the mother] to be focused on telling the assessors how impossible the situation was, *'whilst not even looking at Sasha, who was observably anxious.'* They wrote:

'Sasha's experiences have been of an unpredictable mother who struggles to mentalize (that is to imagine and respond to the thoughts and feelings of oneself or another) and struggles to help Sasha to learn how to manage her own emotional states. [the mother] would also have been frightening at times to a child, because of the level of unpredictability, and this will have contributed to Sasha's inability to understand or to process and cope with her own emotional states.'

172. Another example comes from BP of the Autism Group in the MASH referral from October 2021:

'This conversation took place with Sasha present and the language used was negative and accusatory ([the mother] has told Sasha she is causing all the problems in the family, that she is the reason [the mother] lost her job and they may lose their home).'

Tara

Findings 11, 12, 13 and 14

173. The next set of findings are in relation to Tara. I am satisfied that each of them is proved. Again, the primary evidence for this is from the report of Dr Sawyer and Ms Rogers, but there is a large body of evidence that underpins this finding, from

the observations of social workers, teachers and other professionals who have worked with the family.

Finding 11: Tara has suffered significant emotional harm and neglect whilst in the care of [the mother].

Finding 12: Due to the care received by [the mother], Tara:

- **presents with a predominantly anxious-avoidant style of attachment alongside features of disorganisation;**
- **She presents as competent far beyond her years; and**
- **she is, unusually, highly self-reliant.**

Further, Tara:
- **Has not had her needs met by her mother; and**
- **Her experiences of her mother not responding appropriately to her needs were inconsistent.**

Finding 13: Tara was exposed to the differential treatment of herself and Sasha by [the mother]. such as:
- **She had her own playroom; and**
- **shared a bed with her mother**

This was:
- **destabilising for Tara; and**
- **created confusion about why her and Sasha were treated differently;**

174. [The mother] said that Sasha and Tara had received the same parenting from her. However, the weight of evidence suggests that they were treated very differently. This comes through strongly in the report of Dr Sawyer and Ms Rogers. There are accounts of Tara appearing very well presented at school, neat and tidy with brushed hair, and Sasha by contrast looking unkempt, unwashed and in ill-fitting clothes that were not suitable for the weather and were likely to make her feel self-conscious about her height and weight, feelings she already struggled with.

175. I find that [the mother] has often regarded Tara, even at a very young age, as a confidante, and has shared information about Sasha with her that has both invaded her privacy and undermined her confidence, and perpetuated an understanding of Sasha being 'the problem' child. This causes emotional harm to Sasha but also creates a risk of emotional harm to Tara. She has experienced a pressure upon her to 'perform' as the child who does not present problems, to be self-reliant not demand anything from her mother. Ms B, social worker said in her witness statement:

'During contact on 15th February 2022, I noted how Tara and [the mother] often spoke about Sasha and agreed on aspects about her. I noted in the contact report that I was "worried that this might begin to influence Tara's relationship with Sasha. Sasha may feel uncomfortable coming to contact if Tara and [the mother] tend to side with one another." It is apparent that Tara and [the mother] have a close relationship and I am concerned that Sasha would continue to feel isolated during contact.'

176. In her oral evidence, Ms B recalled that to her [the mother] and Tara seemed *'quite aligned with one another'*, *'best friends'*. She said [the mother] would make comments to Tara about Sasha, like, *'Sasha wouldn't like this would she?'* In subsequent contacts, Ms B observed Sasha to be *'very much on the periphery – she would be walking behind'*. Ms B considers the girls have a complex relationship and although they have wanted to spend time with one another, at other times, Tara has blamed Sasha for having to come and live with her father, when she saw Sasha as being the one to have the problems.

Finding 14

[The mother] has reported to various agencies that Tara has ADHD, autistic symptoms of intolerance to noise, and PTSD,

Tara does not have ADHD, autistic symptoms of intolerance to noise, and PTSD. Mother, father and the children

177. Finding 14 is in respect of labels and diagnoses the mother has attached to Tara which have not in fact been given by any professional after assessment. There would seem to have been an escalation in [the mother]'s level of anxiety about Tara which led to her reporting a high level of concern for her. After Sasha had left [J school], [the mother] shared her concerns about Tara, and often kept her off school, reporting that she could not cope with it, was depressed, suicidal, or needed a well-being day. Ms G of [J school] said that contrary to her mother's descriptions, she and her staff found Tara to be *'calm, assured and happy at [J]'*. Ms L, the headteacher at [school P] gave evidence of experiencing a very similar disconnect between mother's reported concerns and what teaching staff observed within the school setting.

178. [SH], the young carers' worker who saw Tara at home, said in her statement:

'Mum advised me that she has taken her younger daughter to their GP who agreed that she may have PTSD and ASD and has referred her to CAMHS for assessment. When conducting the young carer assessment with Tara she presented as a normal, bouncy, 7 year old and I did not observe any ASD traits ..... mum appears to be projecting her own issues and self-diagnosing the girls, and is telling them what she thinks their conditions are.'

179. I am satisfied that finding 14 is proved to the standard of a balance of probabilities.

Finding 15: in respect of [the father]

180. From the time of the parents' separation [the mother] has repeatedly raised concerns about the father's ability to parent the children. There is an early issue of her pressing to get tests and then a diagnosis of lactose intolerance for Sasha, later she asserts that [the father] was making Sasha ill by giving her cow's milk.

181. Concerns that [the father] could not be trusted to follow the rules persisted. On 16 August 2017 the mother took Sasha to the dietician. Her weight was recorded to be on the ninety-ninth centile for her age. It was noted that she had *'gained a little weight'*, but [the mother] suggested this could not be her fault as Sasha had, *'been with her father and so eating has been out of mum's control'*.

182. Over time her concerns have escalated to suggestions that [the father] is dangerous, or that the children are traumatised by memories of him, even though there have been no findings in either the Family Court or criminal courts that [the father] has perpetrated abuse against the mother, and no evidence that the children have experienced any such trauma. More recently, the mother has suggested that the children's poor school attendance is related to anxiety about being forced to see their father. Further, there have been persistent suggestions that the nature of the girls' complex presentation, and the father's inadequacies as a parent are such that he would not be able to meet the girls' needs.

183. Tara moved to live with her father on 20 January 2022, Sasha having moved there on 28 December 2021.

184. There are numerous examples in contact (in the first three months only with Tara) of the mother subtly undermining the father, by asking questions in a doubtful way about whether their father would allow them to do certain things, like put a picture up, or force them to do things they didn't want to do, and reminders about the fun times the mother and Tara had together, or the closeness of their relationship. The mother continually reminded the children that they did not have to do what they didn't want to do, implying that they need not follow their father's rules, and that she was 'fighting' for them, doing everything she could to get them home. In all these ways she conveyed a message to the children that their father could not meet their needs, and they would be better in her care.

185. The mother undermined the children's relationship with their father by encouraging the girls to confide in her in secret. There was an occasion where the mother persuaded the supervisor to allow her to have a conversation in private with Sasha. In February 2023 the mother 'lost' the supervisor for a period of time in

Central London. The mother made secret contact with Tara through Roblox, a computer game. I prefer the father's evidence on this to that of the mother. By creating this dynamic, the mother made it harder for the children to trust in and confide in their father.

186. Sasha's self-harming in her father's care started in May 2022, shortly after she had resumed contact with her mother. She and her mother were sending texts to one another in secret from at least 2 August 2022. There are some messages which suggest [the mother] was telling her daughter to delete the messages between them. After Sasha came back from her mother's house on 9 August 2022 [the father] found evidence on her phone from records of long calls she had been having with her mother without his knowledge, prior to 2 August. The extent of the secret communications before 2 August 2022 is not known.

187. A chain of text messages between mother and Sasha on 10 August 2022 suggests that they had a secret plan to meet up on that day. Sasha was in hospital having self-harmed, Sasha sent her mother a photograph taken from the outside. In evidence, Miss Farquhar asked [the mother] to describe the photo. She responded, '*It's the building where Sasha spent about a month to free herself from all the emotional harm she had been subjected to in his care'*. This was a telling response, suggesting that the mother views and interprets all Sasha's experiences as a response to her father, who she sees only as a deeply harmful influence on her children. There is no objective justification for such a view. It is concerning to me that she described the hospital as a place of freedom for a deeply vulnerable child.

188. On 30 November 2022 [Placement P] discovered that Sasha had been speaking to her mother in secret. Sasha had a UV pen which she had used to write her mother's phone number on the headboard of her bed. I am satisfied that it is more likely than not that this pen was a gift from [the mother] to Sasha, for the purpose of enabling those secret calls. I find that [the mother] was not telling the truth to the Court when she said she gave UV pens to Sasha and Tara at some point in January 2023. I believe it was much earlier. Sasha used the UV pen to write and draw on the wall of her father's house about her feelings. Tara read what was there, which would have been distressing to her.

189. Despite these challenges to his parenting, the evidence from professionals is that [the father] and his partner have worked very well with children's services, CAMHS, teachers and other professionals to support both Tara and Sasha in all areas of their lives.

190. The mother has devoted herself to being the voice and advocate for the children, and the only person who truly understands their needs. In this way the mother has promoted and elevated her status as parent compared to the father.

191. [The mother] repeatedly asserted that she had encouraged the father to make his applications to the Court, and that she was trying to encourage him to be a better parent and to show an interest in his daughters. That is not [the father]'s experience. I found him to be a more reliable witness than the mother, and prefer his evidence to hers on this issue. There is no evidence to suggest that what she says is correct. The only way she could be said to have encouraged his applications to the Court is by continually frustrating contact so that he had no option but to apply to the Court for orders and then for those orders to be enforced.

192. [The mother] said that the father had not been interested in the children, and not committed to them. However, in the email she wrote in December 2021, informing him that Sasha wished to go and live with him, she acknowledged, *'I am aware that [the father] has been extremely eager to have his daughter live with him since the year 2017 when he brought private family law proceedings against me and my daughter.'* This undermines her depiction of the father as uninterested in the girls.

193. I find that the mother's failure to promote contact and a relationship between the children and their father, and indeed her active steps to thwart/undermine that contact and relationship, was not in their interests, and is likely to have caused them significant harm, as asserted by the local authority.

194. The findings I make about this are as follows:

Finding 15

[The mother] isolated, marginalised [the father] from the lives of Sasha and Tara and perpetuated a relentlessly negative view of him to the girls, thereby undermining him as a parent and obstructing the girls' relationship with and emotional connection to their father, by:

- **Moving home address and not telling him to where they had moved;**
- **Changing schools unilaterally, not consulting with the father beforehand nor informing him of the changes;**
- **He was not kept informed and nor was he consulted about the children's medical matters and various assessments. He was not invited to clinical appointments.**
- **Making false allegations of domestic abuse against him**
- **Using racist and foul language in front of the children to describe their father '... my black cunt face ... dunce ... pussy hole ... illiterate little boy ...'**
- **witnessing their mother physically assault ~~on~~, and show aggressive behaviour towards [the father]**
- ~~**Issuing an application for a non-molestation order**~~

- **Stating directly to the girls and to others in their presence that their father is not interested in them;**
- ~~**Stating to the girls he is not interested in the children;**~~
- **In March 2016 making a false report to the police of assault against the father;**
- **Following a fact-finding hearing in which no findings were made, [the mother] has continued to put forward to the police, social services, teachers and other professionals a false narrative that [the father] is a perpetrator of domestic abuse against her, which narrative she has shared with the children;**
- **Not complying with court orders that required her to make the girls available to spend time with their father;**
- **Denying the children contact with their father by putting obstacles in the way of contact taking place;**
- ~~**Not feeding the children properly when they stay with him;**~~
- ~~**Having no right school uniform;**~~
- **Exaggerating/fabricating/causing anxiety prior to the children going to see their father;**
- **Wrongly and unfairly blaming [the father] for the breakdown of the children's relationship with him due to his 'behaviour and degeneration and hostile thoughts' (to [the mother]) which she says have 'embedded the children's breakdown of their relationship' with him.**
- ~~**Stating the children do not want to see their father due to her malign influence.**~~
- **Stating the children are frightened of their father and do not want to see him**
- **Having secrets between her and the girls which undermined the father's ability to develop a trusting relationship with the girls and to act protectively.**

195. I have made some amendments to the allegations as pleaded.

196. Where complaints were made to the police either the police investigated and taken no further action or the mother has formally withdrawn her complaint. Domestic abuse has not been proved in the Family Court. The Court proceeds on the basis that none of the alleged incidents that were the subject of the previous Family Court proceedings have happened. But [the mother] has repeatedly stated as fact that the children were exposed to domestic abuse perpetrated by the father.

197. I am satisfied to the standard of a balance of probabilities that the allegation made to the police on 1 March 2016 was untrue and that this was a false report made by the mother to the police. I find this was more likely than not to be a response to the father's application to the Court for a child arrangements order. Applying for a non-molestation order on the basis of this account was part of the same event. I

cannot say that the application in itself interfered with the father's relationship with the girls and have struck this out.

198. I have not been taken to evidence that helps me with 'not feeding the children when they stay with him', nor 'having no right school uniform', and have struck through.

199. I have added in a finding in respect of 'secrets', established in part by the incident with the mother giving UV pens to the girls, and in the text communications between the mother and Sasha starting in early August 2022.

200. In her oral evidence, Ms Rogers said this about the impact of secret contact on the girls:

"Also the message around secret contact – Tara saying that M had set up a way of contacting her though Roblox on the computer – and also the phone transcripts of contact – and the message is powerful of a secret and fundamental link between them to the exclusion of others – that will undermine and disrupt the children's ability to form relationships with others and is damaging - that's a significant concern regarding messages to child -and their consent to have relationship with Father and other people – and its one if the reasons we recommended that M has her own therapy in her own right or look at what might be driving M in setting up these situations because the potential damage to the children is high but they need a relationship with her and one that is safe and secure and allows them to have relationship with Father" ……. – its important that they understand that their mum gives them consent for that – otherwise they can't establish security".

Finding 16: Education

201. Finding 16 concerns the girls' education. There is an overwhelming body of evidence that satisfies the burden of proof. The allegations are proved.

Finding 16: [the mother] has failed to ensure Sasha and Tara, whilst in her care, received an educational provision on a consistent basis, whether that be by attending at school or providing it through elective education at home.

Both Tara and Sasha have had consistently low school attendances.

202. Each of the teachers who gave evidence reiterated the message that children should be in school, that children with a higher level of need do better in school, where they may be supported by teachers and support staff experienced in identifying and meeting those needs.

203. The evidence in this case is overwhelming that, contrary to what [the mother] asserted, when the girls were in school, they were not presenting in the ways that she described at home. Given the disruptions to their education, from many changes of school and a high number of absences there were challenges, but generally they did not exhibit the difficulties reported by their mother, were able to form trusting relationships with teachers, to make friends, and to engage in learning.

204. The evidence shows that when Sasha was taken out of school in October 2020 it took a very long time for [the mother] to respond to requests from the home learning service to engage and share her proposals for home education, and that in the event, what she provided was insufficient to meet Sasha's needs.

205. During periods where the girls were on the school roll, [the mother] frequently took them out of school, or they were late. This was very frequently on a day the girls were due to see their father, and either the girls or their mother would tell staff that this was the reason they had not come in to school. Otherwise, the mother either gave no explanation, or explanations that were casual, (*'not in school as Tara's head and overall well-being very much needs a bit of TLC today', 'she needs a break from school she is a little stressed so she is having one day off', 'you can write what you want Mrs S*). On other occasions she took the girls on holiday during term time without reference to the teacher. When they went to Spain it prevented the children from having time with their father at the start of the Christmas holidays as provided for in the private law order.

Additional findings

206. I am invited by Miss Farquhar on behalf of the guardian and Mr Lorie on behalf of the father to make some additional findings, which are not covered by the local authority's schedule.

Finding 17: Failure to protect

207. The reasons for Sasha's self-harming are complex. It is one thing to notice an increase in frequency and to associate that with an increase in contact between Sasha and her mother, but that on its own cannot lead to a finding that [the mother] has caused or encouraged the self-harming. However, I am satisfied on a balance of probabilities that [the mother] has failed to protect Sasha from the risk of self-harm.

208. On 9 August 2022 when Sasha returned to the care of her father after running away to stay with her mother on 6 August, she had a razor blade in her possession. Her mother came to discover this and sent a text message to Sasha telling her to throw away the blade. Sasha replied, indicating she had not thrown it away, saying, *'it was so funny [Ms B] said she threw it away but all she got rid of was the plastic'* (I understand this to be the plastic casing for a disposable razor).

209. Miss Farquhar asked [the mother] a series of questions to discover if [the mother] had taken any steps to tell either Sasha's father, her social worker or any other person that Sasha had a blade in her possession so that action could be taken to prevent Sasha from self-harming. [The mother] accepted she had both the social worker's number and the father's. [The mother] gave a series of evasive and conflicting answers. For example:

FF: You didn't tell the operator, the person you were speaking to, that your daughter has a blade, you don't say that. Do you accept that?

M: What I will say is that that particular time, on top of all the other times multiple systems have failed these girls, I was suffering with extreme trauma from my child consistently being on the receiving end of poor emotional parenting and subsequently being forced under extreme distress to do things she didn't want to do. Numerous evidence I have asked to be looked at for this fight to be balanced and children's wishes and feelings to be heard, sadly up until today that hasn't happened.

210. Mr Lorie also asked questions about the blade and got a similar response:

AL: No no, the blade, you say that you texted F about the blade?

M: I didn't say that, I said I cannot remember specifically if that was the case.

AL: He says you didn't text him. If you didn't text him, do you think you should have done?

M: To get to the bottom of it, need to…

AL: No no, simple question. If you didn't text him, do you think you should have done?

M: Whether I did or didn't, better resolved in respect of welfare of my daughters by focusing on evidence, why don't you ask your client to provide evidence as to whether or not he did receive communication.

AL: I am asking you now, if you didn't text him, do you think should have done?

M: As I am not certain, vague as to what happened, given my daughters were living with me their entire lives, given I was the only one able to encourage the children, mainly to ensure I was respecting the court orders, it is fair to say as the mother, I was more focused on regaining my energy and my mindset so I could focus not only on having a healthy mind but also be as strong and focused as I was prior to this

extreme, awful situation unfolding right in front of everyone. With no one believing me.

211. [The mother] did eventually accept that she had not told the father nor the social worker. She said initially that she had called the duty social work team, but their records clearly show that she did not call them on 9 August 2022. A record of a call two days later does not contain any reference to [the mother] reporting Sasha having a razor blade in her possession. I found her evidence about this to be unconvincing and I do not accept it.

212. On 22 August 2022, Sasha contacted her mother by text and told her that she had been self-harming. Her mother's response was '*show me pictures sweetheart'*, and then asked her, *'what happened to scars and cuts on your right leg?'*. There is no evidence that [the mother] reported this to Sasha's father or any social worker or other professional. Her response was inappropriate, showed a lack of insight into what might be going on for Sasha, and an unhealthy preoccupation with Sasha's self-harming.

213. I find that [the mother] did not act protectively towards Sasha. Rather the reverse, she colluded with Sasha in concealing the blade.

214. By failing to report to Sasha's father or others caring for her, she failed to ensure that they were informed of the risks, thus hampering them in their abilities to protect her.

Finding 18: Head-shaving

215. On 15 December 2021, the day that the local authority issued proceedings, and a week after Sasha had said that she wished to go and live with her father, Sasha's teacher had made an arrangement for Sasha to come and meet her at 1pm at school to go through some work.

216. In fact Sasha's mother brought her to school at 10.00 a.m. when the teacher had lessons. Sasha could not go outside at break with her teacher because she was dressed in shorts. When they met with [the mother] later in the day, [the mother] told Sasha that she was to have her head shaved. [The mother] later said this was because Sasha had 'destroyed' her hair by having it dyed all the time, but it does not seem from the evidence that this was a choice made by Sasha.

217. A week earlier she had spent time with [SD], who had brought specialist hair products in for her hair, showed her how to the use them. Sasha was noted to enjoy opening them up, smelling them and learning how to use them. [SD] reassured her that her hair would be restored and back to how it was before it had been cut and coloured. Her note reads, *'this seemed to please Sasha as she said she did not want*

to have her hair cut'. Sasha had said she had really enjoyed herself at her dad's and was looking forward to seeing him again over Christmas.

218. [The father] gave evidence that Sasha was devastated by having her head shaved and did not want anyone to see her. Once her hair had grown a little more, her father supported her to get hair extensions. However, she continued to wear a wig to cover her hair, and was wearing one on 27 March at the first contact she had with her mother.

219. At that contact, the supervisor noted that Tara had pulled at Sasha's hair saying it was a wig. [The mother] confirmed this saying that Sasha had *'destroyed her hair by dyeing it'*. Sasha did not like Tara pulling her wig and told her it was rude of her to tell people it was a wig and to pull it as it might have come off. [The mother] did not intervene either to endorse what Sasha had said to Tara, nor comfort Sasha. Had Sasha's head shave been her own choice, then one might have expected her mother to say something altogether more positive, to remind her of that choice and reassure her that it looked good. Instead, what she said reinforced that the head-shaving had come about because of something that Sasha had done wrong; dyeing her hair too much, arguably something that [the mother] as Sasha's parent could have protected her from.

220. I find that [the mother] did not prepare Sasha for having her head shaved, that it was not something that was Sasha's choice, that it caused her distress, and further contributed to her low self-esteem. This amounts to significant emotional harm.

Next steps

221. It is plain from the findings made that the section 31 threshold for making public law orders has been crossed. Both Sasha and Tara have suffered significant harm and are at risk of suffering significant harm as a consequence of the parenting given to them by their mother, which was below what could be reasonably expected.

222. Dr Sawyer and Ms Rogers have identified a need for [the mother] to be supported to manage her own anxieties so that they do not impact negatively upon her ability to parent. It will be a matter for further assessment as to the support that could be provided, whether [the mother] will be able to engage with that support, and whether it would enable her to meet the girls' complex needs within their timescales.

223. Updated assessments of the girls' needs and the capacity of each of the parents to meet them will be required.

224. The girls have been the subject of a series of Family Court proceedings for many years, and the current public law proceedings have lasted more than fifteen months. There is a pressing need to avoid any further delay so that the girls' futures

may be settled and they can begin to process and recover from the experiences of the past and look forward to the future.

HHJ Joanna Vincent, Family Court, Oxford
Draft sent by email: 17 March 2023
Approved judgment handed down: 24 March 2023